

L120000003111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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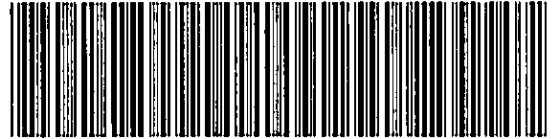
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 29 AM 7:57

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S. PRATHER



# Beachside Law Office

Irene Fonzi, P.A.

Telephone: (321) 777-1191

Fax: (321) 574-4226

Email: ifonzi@fonzilaw.com

April 25, 2022

Via Email: [AmendmentsCorpHelp@DOS.MyFlorida.com](mailto:AmendmentsCorpHelp@DOS.MyFlorida.com)

Florida Department of State  
Division of Corporations  
ATTN: Amendment Section  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: BRAIDEDLAWN, LLC  
Document Number: L12000003111

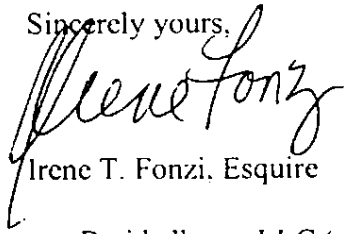
To Whom it May Concern:

Please be informed that the current registered address, 1402 Highway A1A, Suite A, Satellite Beach, FL 32937 for Braidedlawn, LLC, a Florida limited liability company (the "Company"), is hereby terminated effective April 30, 2022.

Any and all future correspondence and/or documents should be forwarded to Tom O'Connor, Manager, Braidedlawn, LLC, c/o 397 Harbor Drive, Cape Canaveral, FL 32937.

A copy of this letter terminating the registered address of the Company has been emailed to Mr. O'Connor at [toc@btinternet.com](mailto:toc@btinternet.com) on the 30 day of April, 2022.

By copy of this letter to Braidedlawn, LLC, the Company is hereby notified that its Articles of Organization filed with the Florida Department of State, Division of Corporations on January 6, 2012 require the filing of an amendment with the Florida Department of State, Division of Corporations, to appoint a new Registered Agent and a new registered address for the Company.

Sincerely yours,  
  
Irene T. Fonzi, Esquire

cc: Braidedlawn, LLC (via email [toc@btinternet.com](mailto:toc@btinternet.com))

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRAIDEDLAWN, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000003111

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Irene T. Fonzi, Esquire

Name of Person

Irene Fonzi, PA

Name of Firm/Company

1402 Highway A1A, Suite A

Address

Satellite Beach, FL 32937

City/State and Zip Code

ifonzi@fonzilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irene Fonzi

Name of Person

at (

321

Area Code

777-1191

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

Irene T. Fonzi, Esquire \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Braidedlawn, LLC \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

L12000003111 \_\_\_\_\_

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

*Irene Fonzi printed name*

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

FILED  
2022 APR 29 AM 7:57  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314